

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: PERIVASCULAR WRAPS

Attorney Docket Number:: 110129.430

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: Figure 6

Total Drawing Sheets:: 10

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: Canada
 Status:: Full Capacity
 Given Name:: David
 Middle Name:: M.
 Family Name:: Gravett
 Name Suffix::
 City of Residence:: Vancouver
 State or Province of Residence:: BC
 Country of Residence:: Canada
 Street of mailing address:: 616 West 21st Avenue
 City of mailing address:: Vancouver
 State or Province of mailing address:: BC
 Country of mailing address:: Canada
 Postal or Zip Code of mailing address:: V5Z 1Y8

Second Applicant Information

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: US
 Status:: Full Capacity
 Given Name:: Philip
 Middle Name:: M.
 Family Name:: Toleikis
 Name Suffix::
 City of Residence:: Vancouver
 State or Province of Residence:: BC
 Country of Residence:: Canada
 Street of mailing address:: 8011 Laburnum Street

City of mailing address:: Vancouver
State or Province of mailing address:: BC
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: V6P 5N8

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Dechi
Middle Name::
Family Name:: Guan
Name Suffix::
City of Residence:: Vancouver
State or Province of Residence:: BC
Country of Residence:: Canada
Street of mailing address:: 8363 Shaughnessy Street
City of mailing address:: Vancouver
State or Province of mailing address:: BC
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: V6P 3Y1

Fourth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name:: Pierre
Middle Name:: E.

Family Name:: Signore
Name Suffix::
City of Residence:: Vancouver
State or Province of Residence:: BC
Country of Residence:: Canada
Street of mailing address:: #207 – 2155 West 7th Avenue
City of mailing address:: Vancouver
State or Province of mailing address:: BC
Country of mailing address:: CANADA
Postal or Zip Code of mailing address:: V6K 1X9

Fifth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas
Middle Name:: S.
Family Name:: Spencer
Name Suffix::
City of Residence:: Bellingham
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 3232 Eagle Ridge Way
City of mailing address:: Bellingham
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98226

Sixth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canadian
Status:: Full Capacity
Given Name:: William
Middle Name:: L.
Family Name:: Hunter
Name Suffix::
City of Residence:: Vancouver
State or Province of Residence:: BC
Country of Residence:: Canada
Street of mailing address:: 4444 West 15th Avenue
City of mailing address:: Vancouver
State or Province of mailing address:: BC
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: V6R 3B2

Seventh Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Kaiyue
Middle Name::
Family Name:: Wang
Name Suffix::
City of Residence:: Vancouver
State or Province of Residence:: BC
Country of Residence:: Canada
Street of mailing address:: 103-1005 East Broadway

City of mailing address:: Vancouver
State or Province of mailing address:: BC
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: V5T 1Y5

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/414,714	09/26/02
This Application	An application claiming the benefit under 35 USC 119(e)	60/414,693	09/27/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Angiotech Pharmaceuticals, Inc.
Street of mailing address::	1618 Station Street
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V6A 1B6

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